



Department of Public Works
Town of Johnston
100 Irons Avenue
Johnston, Rhode Island 02919
(401) 231-4000

ZONING INQUIRY FORM

Business Name: _____

Corporation Name (If Applicable): _____

New Business Transfer

Address of proposed business:

Street _____ Suite# _____ Plat _____ Lot _____

Zone Classification: _____

Detailed Description of type of business and business operations _____

Applicant Information:

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Zoning Office Use Only-Do not write below this line

Approved Special Use Required Denied

Notes: _____

Building Official's Signature _____ Date: _____